

**HOUSEHOLD GOODS CARRIER  
PERMIT APPLICATION**



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment B	\$ 550
<input checked="" type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete page 1 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

**TYPE OF PAYMENT**

Check     Money Order     Amex     Discover     Mastercard     Visa

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed) Austine - Thompson      Date: 10-22-04

Signature: [Signature]      Title: Operational - manager

**FOR OFFICIAL USE ONLY**

Date Filed: 11/3/04    Application #: P-79310    Motcar: 43210    Permit Issued: HG- 60430

Staff Assigned: [Signature]    Insurance: [Signature]    Inspection: \_\_\_\_\_    DOL/SOS: [Signature]

Reception #: 111-0268-207-02 0008578 111-0268-202-01      111-0268-013-20

TV-041761

**BUSINESS INFORMATION**

Name of Applicant ADVANCE RELOCATION'S EXPERTS, LLC  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable A.R.E.

Physical Address <sup>mailing</sup> 31585 115<sup>th</sup> Av SE Auburn WA 98092

Physical Address 17800 Desmoino way SO Sea-tac 98142

Telephone Number (206) 240 6683 Fax Number 206 240 0414

UBI # 602 411 678 Email: Austine-thompson@hotmail.com

602 411 678 TYPE OF BUSINESS STRUCTURE

- Individual     Partnership     Corporation     Other LLC  
(LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or Percentage of Shares
<u>Austine Thompson</u>	<u>President</u>	<u>100%</u>

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington  
 The following named counties only: \_\_\_\_\_

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Provide moving services for average American who cannot afford the Van lines also to serve the community and hopefully provide jobs to community after a period of time.

Briefly describe your experience in the transportation/household goods moving industry: I have been on and off in the moving industry for about 10 years I have ~~now~~ now master the w.a.r.c. rules & regulation about and also dealing with people is better and I can say the overall technique's of moving is better.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?

No  Yes If yes, please indicate your permit number: HG 60430

Have you ever applied for and been denied a permit to operate as a motor carrier of property?

No  Yes If yes, please explain: \_\_\_\_\_

Do you currently operate interstate?  No  Yes If yes, please indicate your:

DOT# \_\_\_\_\_ MC# \_\_\_\_\_ Single State Registration Base State \_\_\_\_\_

Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the company? \_\_\_\_\_

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state?  No  Yes If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a Class A or B Felony?  No  Yes If yes, please explain: \_\_\_\_\_

Have you been cited for violation of state laws or Commission rules?  No  Yes If yes, please explain: during the provisional period the Commission corrected my mistakes by making sure that estimates are provided and I used the W.U.T.C. Guide & rules and rate chart for estimates and now I am good at it.

**FINANCIAL STATEMENT**

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available

ASSETS		LIABILITIES	
Cash in Bank	\$ 1100.00	Salaries/Wages Payable	\$ —
Notes Receivable	\$ —	Accounts Payable	\$ 4000
Accounts Receivable	\$ —	Notes Payable	\$ —
Investments	\$ —	Mortgages Payable	\$ 1425.00
Other Current Assets	\$ —	Other Car & Van payment	\$ 900
Prepaid Expenses	\$ —	<b>TOTAL LIABILITIES</b>	\$ 6385.00
Land and Buildings	\$ 240.00	<b>NET WORTH</b>	
Trucks and Trailers	\$ 15000	Preferred Stock	\$
Office Furniture	\$ 4000	Common Stock	\$
Other Equipment	\$ 2000	Retained Earnings	\$
Other Assets	\$	Capital	\$ 2000
<b>TOTAL ASSETS</b>	\$ 262.100	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 2000

## EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
92	Gm C Topkick	A06977M	1G0J6HP1NJS 04759	21000

### SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and rules. Please refer to the WAC rules, Fact Sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

#### SAFETY RESPONSIBILITIES

**COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383)** Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: *Austine Thompson* Position: *Owner Operator*

**DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391)** Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: *Austine Thompson* Position: *Owner*

**DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395)** Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: *Austine Thompson* Position: *Owner*

**CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Title 49, Code of Federal Regulations Part 382 & Part 40)** Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Name: *Austine Thompson* Position: *Owner*

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirement (49 CFR Part 382 and 49 CFR Part 40)

**VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396)** Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained.

Name: *Austine Thompson* Position: *Owner*

**INSURANCE REQUIREMENTS (WAC 480-15-530)** All companies must file and maintain proof of public liability and property damage insurance covering vehicles operated. (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

Name: *Austine Thompson* Position: *Owner*

**CARGO INSURANCE REQUIREMENTS (WAC 480-15-550)** All companies must maintain cargo insurance coverage. (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more)

Name: *Austine Thompson* Position: *Owner*

**OPERATIONAL RESPONSIBILITIES**

**ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480)** Companies must annually file a report of their financial operations and pay regulatory fees.

Name: Austine Halpern

Position: Owner

**STATE OF WASHINGTON – general laws, rules and regulations:** Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the state of Washington, such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: Austine Halpern

Position: Owner

**DECLARATION OF APPLICANT:**

*I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.*

*As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.*

*I understand that if the Commission grants my application as a new entrant I will be granted temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the Commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.*

*I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.*

Austine Halpern

Print name of applicant

Austine Halpern

Signature of Applicant

10-22-04

Date & Place

**ATTACHMENT B**

**Transfer or Acquisition of Control**

Applicant is seeking one of the following - please check one:

Transfer  Acquisition of Control

NW Relocating Systems

Current Name on Permit (Seller)

Same as above

Current Trade Name on Permit (Seller)

32741 19<sup>th</sup> Pl SO #K101 fed-way WA 98003

Address (Seller)

HG- 60430

Permit Number

Phone Number (Seller)

Does the transfer of this permit fall under the provisions of WAC 480-15-260?  No  Yes If yes, please complete Attachment C.

Have all fines and/or penalties been paid?  No  Yes

Has the closing annual report been filed with the Commission?  No  Yes

A customer may file a loss or damage claim for up to nine months following a move, and up to two years for a lawsuit. Who will be responsible for handling claims filed by customers for loss and/or damage that occurred on moves taking place prior to the sale and transfer or acquisition?

Anne Stue Sherson

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG 60430 to the following:

ADVANCE RELOCATION EXPERTS, LLC

Name of Buyer

ADVANCE Relocation Experts.

Trade Name of Buyer

**We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.**

Seller's Signature

Buyer's Signature

Date & Location

Date & Location

**ATTACHMENT B**

**Transfer or Acquisition of Control**

Applicant is seeking one of the following - please check one:

Transfer  Acquisition of Control

Northwest Relocating Systems LLC

Current Name on Permit (Seller)

SAME AS ABOVE

Current Trade Name on Permit (Seller)

32741 1st Pl So #K101 Red-way WA 98003

Address (Seller)

HG-60430

Permit Number

Phone Number (Seller)

Does the transfer of this permit fall under the provisions of WAC 480-15-260?  No  Yes If yes, please complete Attachment C.

Have all fines and/or penalties been paid?  No  Yes

Has the closing annual report been filed with the Commission?  No  Yes

A customer may file a loss or damage claim for up to nine months following a move, and up to two years for a lawsuit. Who will be responsible for handling claims filed by customers for loss and/or damage that occurred on moves taking place prior to the sale and transfer or acquisition?

Austine Thompson

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG-60430 to the following:

Austine Thompson

Name of Buyer

ADVANCE Relocation Expert

Trade Name of Buyer

**We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.**

Austine Thompson

Seller's Signature

08/02/04

Date & Location

Austine Thompson

Buyer's Signature

08/02/04

Date & Location

# ATTACHMENT C

## TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-260

1. The Commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):

- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
- A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
- A sole proprietor has died and the interest is being transferred as property of the estate;
- An individual has incorporated, and the same individual remains the majority shareholder;
- An individual has added a partner, but the same individual remains the majority partner;
- A corporation has dissolved and the interest is being transferred to the majority shareholder;
- A partnership has dissolved and the interest is being transferred to the majority partner;
- A partnership has incorporated and the partners are the majority shareholders; or

~~Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.~~ *Austine Thompson*

\*\*\*NOTE\*\*\* Documentation must be included with your application. Documentation may be in the form of a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):

- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:

a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period?  No  Yes

b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability:

\_\_\_\_\_

c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: \_\_\_\_\_

\_\_\_\_\_



# ADVANCED RELOCATION EXPERTS

**NO MONIES  
ENCLOSED**

*(206)242-MOVE*

**You've called the rest...**

**Now call the BEST!**

RECEIVED  
DISTRIBUTION CENTER  
2004 NOV - 1 AM 7:42  
STATE OF WASH.  
WUTC

This tranfer was done for the following reasons

- (1) due to another company using my name & permit number company name nw moving systems i complained to w.u.t.c but said ihave to sue myself.
  - (2) another company in bellinham washinton also has same name and has claimed they were us to a customer in the past just to get the job.
  - (3) due to current sepparation in my relationship.
- I believe transferring my permit will help things.  
Thanks for the consideration .

Austine thompson  
Operational manager.

INQR UTL024P1 MASTER LICENSE SERVICE 11/03/04  
BUSINESS ENTITY INQUIRY 08:51:52

-----  
UBI: 602 411 875 001 0001 State of Inc: WA Loc Status: A  
Type: LIMITED LIABILITY COMPANY Date of Inc: 07 13 2004 Corp Status: A  
-----

Owner Name: ADVANCE RELOCATION EXPERT LLC

Reg. Agent: AUSTINE O THOMPSON  
Reg. Address: 31585 115TH AVE SE  
AUBURN WA 98092

Exp. Date: 07 31 2005  
Total Shares authzd:  
Total Shares issued:

Firm Name : A R S

Loc: 18041 DES MOINE WAY S  
SEATTLE WA 98148

Mail: 18041 DES MOINE WAY S  
SEATTLE WA 98148

Phone: (877) 450-6689

Registered Tradenames for this UBI? No

RFI: Yes NSF: No

Location First Activity: 07 01 2004

RFP: No Withhold: No

Last License Issue:

TRANSFER: \_\_\_\_\_ {Press <ENTER> for Endorsements List}

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

GLIST APLST UBIQ SERV TRDU INQA

INQR MMENU

INQR UTL024P1 MASTER LICENSE SERVICE 11/03/04  
BUSINESS ENTITY INQUIRY 08:52:00

-----  
UBI: 602 411 875 001 0001 Loc Status: A  
Type: LIMITED LIABILITY COMPANY  
-----

Owner Name: ADVANCE RELOCATION EXPERT LLC  
Firm Name : A R S  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	08 05 2004	
No Unemployment Insurance					
No Industrial Insurance					

TRANSFER: \_\_\_\_\_ End of Endorsement List  
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---  
GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

MASTER LICENSING SYSTEM  
GOVERNING PERSON NAME SEARCH

11/03/04  
08:51

GNAM GPI215P1

-----  
LAST NAME: THOMPSON\_\_ FIRST NAME: AUSTINE MIDDLE NAME: \_\_\_\_

SEL\_GOVERNING PERSON NAME\_\_\_\_\_UBI\_\_\_\_\_TITLE\_\_\_\_\_CITY\_\_\_\_\_

GOVERNING PERSON DETAIL

LIMITED LIABILITY COMPANY  
UBI: 602 411 875 001  
ADVANCE RELOCATION EXPERT LLC

Status: Active

THOMPSON, AUSTINE O

M/PRS

31585 115TH AVE SE  
AUBURN WA 98092

This governing person was listed on the latest Master Application filing. Contact the Secretary of State at (360) 753-7115 for a copy of the latest official filing.

TRANSFER: \_\_\_\_\_ PF3=LOCNLIST\_\_\_\_\_ EXIT N \_\_\_\_\_

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Filing

# HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment B	\$ 550
<input checked="" type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation depending on criteria set forth in WAC 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete page 1 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

*REINSTATED PER OTHER APP*

### TYPE OF PAYMENT

- Check    
  Money Order    
  Amex    
  Discover    
  Mastercard    
  Visa

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): Austine Thompson Date: 09/26/04

Signature: [Signature] Title: owner

### FOR OFFICIAL USE ONLY

Date Filed: <u>9/28/04</u>	Application #: <u>P-79310</u>	Motcar: <u>43210</u>	Permit Issued: HG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	DOL/SOS: <u>OK</u>
Reception #: <u>111-0268-207-02</u>	<u>250.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

**0008578**

# Advance Relocation Expert LLC

## BUSINESS INFORMATION

Name of Applicant Austine-Thompson ADVANCE Relocation Experts <sup>REG DOL 4/28/04</sup>  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable ADVANCE RELOCATION EXPERTS

Physical Address 18041 Des-moines way so Seattle 98148

Mailing Address 31585 115th Av SE Auburn WA 98092

Telephone Number (206) 242 6683 Fax Number (206) 242 0414

UBI # 602-411 875 Email: Austine-Thompson@hotmail.com

## TYPE OF BUSINESS STRUCTURE

- Individual     Partnership     Corporation     Other LLC  
(LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or Percentage of Shares
Austine Thompson	President	90%
Carlene Damner	V.P.	10%

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington  
 The following named counties only: \_\_\_\_\_

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Household relocation and office relocation & to service people locally or dont want to pay for alot of drive time and those who want to see communicate with who is moving their stuff.

Briefly describe your experience in the transportation/household goods moving industry:

I have been a professional mover for 10 years own a business for 3 years dissolved it due to my divorce and now I want to run it on my own without distraction

[HOME](#)[CORPORATIONS MENU](#)**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH****ADVANCE RELOCATION EXPERT LLC**

<b>UBI Number</b>	602 411 875
<b>Category</b>	Limited Liability Regular
<b>Profit/Nonprofit</b>	Profit
<b>Active/Inactive</b>	Active
<b>State of Incorporation</b>	WA
<b>Date of Incorporation</b>	07/13/2004
<b>License Expiration Date</b>	07/31/2005
<b>Registered Agent Information</b>	
<b>Agent Name</b>	AUSTINE O THOMPSON
<b>Address</b>	31585 115TH AVE SE
<b>City</b>	AUBURN
<b>State</b>	WA
<b>ZIP</b>	98092
<b>Special Address Information</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	

[< Return to Search List](#)**Disclaimer**

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